Page 1 of 14

Fax Number: (212) 637-2717

New York, New York 10007 Telephone No.: (212) 637-2710

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA,

Plaintiff.

LLOYD KEYES,

VERIFIED COMPLAINT 08 Civ.

Defendant.

Plaintiff United States of America (the "United States"), by and through its attorney, Michael J. Garcia, United States Attorney for the Southern District of New York, alleges upon information and belief that:

- Jurisdiction is conferred on this Court pursuant to 28 U.S.C. § 1345. 1.
- Defendant, Lloyd Keyes (the "defendant") resides at 47 Kennedy Drive, 2. West Haverstraw, New York 10993, within the Southern District of New York.

FIRST CAUSE OF ACTION

- Defendant applied for and received student loans from the lender whose 3. name is set out in the defendant's promissory notes evidencing the loans, copies of which are annexed hereto as Exhibit A and incorporated herein (the "notes").
- 4. Defendant defaulted on the notes and owes the amount the notes and interest.

- 5. The United States is the assignee and present holder of the notes.
- 6. The amount due and owing plaintiff by defendant on the notes is \$15,793.77, plus interest in the amount of \$12,414.97, as of June 12, 2008 (with interest accruing thereafter at the rate of 8.02 percent per annum on the principal balance of \$11,122.43, and at the rate of 8.20 percent per annum on the principal balance of \$4,671.16). Certificates of Indebtedness from the United States Department of Education are annexed hereto as Exhibit B and incorporated herein.

SECOND CAUSE OF ACTION

- 7. Plaintiff repeats and realleges the allegations contained in paragraphs numbered one through six.
- 8. Plaintiff insured the notes pursuant to Title IV of the Higher Education Act of 1965, Public Law 89-329.
- 9. The lender made an insurance claim on the United States for the amount of the lender's loss arising from the defendant's default on the notes, which claim has been paid by the United States to the lender.
- 10. Plaintiff is entitled to be indemnified by defendant in the amount of \$28,208.74 as of June 12, 2008 (with interest accruing thereafter at the rate of 8.02 percent per annum on the principal of \$11,122.43, and at the rate of 8.20 percent per annum on the principal balance of \$4,671.34).

Case 7:08-cv-05535-CS Document 1 Filed 06/19/2008 Page 3 of 14

WHEREFORE, plaintiff demands judgment against defendant in the amount of \$28,558.74 plus interest as provided by law to the date of judgment and interest from the date of judgment at the legal rate until paid in full, together with costs and disbursements and for such other and further relief as this Court deems just and proper.

Dated: New York, New York

June 17, 2008

MICHAEL J. GARCIA United States Attorney for the Southern District of New York Attorney for the Plaintiff

Assistant-United States Attorney

86 Chambers Street

New York, New York 10007

Telephone No.: (212) 637-2710

VERIFICATION

STATE OF NEW YORK)
COUNTY OF NEW YORK : ss.:
SOUTHERN DISTRICT OF NEW YORK)

KATHLEEN A. ZEBROWSKI, being duly sworn, deposes and says that she is an Assistant United States Attorney in the office of Michael J. Garcia, United States Attorney for the Southern District of New York, that she has read the foregoing complaint, and that the same is true and accurate to the best of her knowledge and belief.

KATHLEEN A. ZEBROWSKI Assistant United States Attorney

Sworn to before me this

day of

NØTARY/DUBLIC/

KATHY TAYLOR
Notary Public, State of New York
No. 017A5077230
Qualified in Kings County 2

Commission Expires May 5, ___

EXHIBIT A

OMB No. 1840-0693 Form Approved Exp. Date 6/30/96



William D. Ford Federal Direct Loan Program

Federal Direct Consolidation Loan

Authorization to Release Information

Borrower Instructions: In order for the loan holder(s) you have identified in Section D of your Application and Promissory Note to release information about your education loan(s), you need to sign the release below. This release is required to allow consolidation of your education loan(s). Failure to sign the release will prevent the processing of your application. Include the release with your completed Application and Promissory Note when you submit it to the Direct Loan Servicing Center.

To My Holders/Servicers:

I hereby authorize you to release to the U.S. Department of Education or its agent any information required to consolidate my education loan(s) pursuant to the Higher Education Act of 1965, as amended. A copy of this authorization may be deemed an original.

Your prompt reply and cooperation will help to expedite my Federal Direct Consolidation Loan. Thank you.

Lloyd Melvin Kelyes Borrower's Name Printed	100 - 58 - 3368 Social Security Number
Signature of Borrower Reys	5/29/96 Date
Spouse's Name Printed (only if Section B is completed on Application and Promissory Note)	Social Security Number
Signature of Spouse (only if Section 8 is completed on Application and Promissory Note)	Date IMAGE-RECORDS

REPAYMENT PLAN SELECTION

Borrower:

LLOYD KEYES

32 CLINTON ST 70 Br. de Street Apr. B

HAVERSTRAW, NY 10927 Gargerville L. J. 10923

SSN: 100-58-3368

Family Size: 1
Adjusted Gross Income: \$0

ICR	ICR Limited	Standard	Extended	Graduated
			X	



William D. Ford Federal Direct Loan Program Federal Direct Consolidation Loan

OMB No. 1840-0693 Form Approved Exp. Date 6/30/96

WARNING: Any person who knowingly makes a fairse statement or misrepresentation on this form shall be subject to penalties which may include times, impresonment or both under the U.S. Chiminal Code and 20 U.S.C. 1097.

				Application a	nd Promisso	ry Note
Section A: Borrower information	_i.v 2.v	· -		,	·	
1. Last Name Le Ye S	First Name //0 /d			Middle invital		3368
3. Promonant Street Address (I P.O. Box, see instructions) BILDE STREET	Apt. B	<u> </u>	mer Name		5. Home Area Code/Tele (9/4) 46	phone Number 29-9006
City Garnerville State	Y. Zip Cook 1093	23 5000	rer's License N		7. Date of Birth 2 - 2 -	73
a Employers Name Employers / 4/0) Washington F	AUE A	(bun)		ea Code/Telephone Numb	
City Albany State	y. ^{Ζορ ζος} 2222		our spouse comp	we "eligible" loans (see instructions) that lete Section B and include your spouse?	s loans in Section D.	☐ Yes G2+16
Section B: Spouse Information			7	o be completed only if yo	ou responded "yes	" to Item #9.
10. Last Name	First Name			Middle Initial	11. Social Security Nun	ipëi
12. Former Name		13. Dr	iver's License 1	iumber (List state abbreviation first)	14. Date of Birth (Mont	h, Day, Year)
15. Employer's Name Employer's	Address			Employer's Ar (ea Code/Telephone Numb)	xr
City State	Zip Code					
Section C: Reference Information	Alloward University of State o			See instructions b	efore completing	this section.
15 Deferences:			<u> </u>	01.11	- C	,
Name Levin	ficea	2. (10	is Philly	<u> </u>	 :
Permanent Address 4 HOBBS	CT	<u></u>	5	Cooper 1	2 r.v.e	~ (/
Permanent Address 9 Hobbs City, Sale, Zip Code Pomona	xx10470		<u>Va</u>	14e 7 10-	<u>Y. 1093</u>	7
Area Code/Telephone Number (914 362 -	0489	19	1141_	611-13	18	
Section D: Education Loan Indebtedness					before completing	
17. Loan Type 18. Holder/Servicer's Name, Address, and Area Code/T	1	19. B = Borrower 26. S = Spouse	In-School Period	21. Account Number	22. Current Balance	Consolidated
Author West Federal DI	-a!	J = Joint Y	es No	100-58-3368-4	3445.00	Yes No
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Stafford (1-800) 527-214		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		070003	35 /7.00	1
Section E: Promissory Note (Continued on reverse si	fe)			To be completed by barr	ower and spouse,	if applicable.
Promise to Pay:		Note and a statement of and agree, to the terms	if the Borrower's and conditions	Rights and Responsibilities. My signs of this Promissory Note, including t	nature certifies that I have the Borrower Certification	read, understand, and Authorization
I promise to pay to the U.S. Department of Education (ED) all sums/fivereafter of this Promissory Note is discharge my piror locan obligations, plus interest and or in this Promissory Note. If liation make payments on this Promissory Note when atomey's fees and court costs. It ED accepts this application, it is my understated to the holder(s) who currently holds the loan(s) selected for consolidation in order that the amount of this loan will equal the sum of the amounts that the holders of are the payoff balances on those loans. My signature on this Promissory Note belance(s) of the loan(s) selected for consolidation as provided by the holder(s) or less than the estimated total balancet have indicated above. If the verified lot	wing that ED will on my behalf send funds to pay off this loan(s). If further understand the loans selected for consolidation verify ill serve as my authorization to pay off the of such loan(s). This amount may be more it balance on the loan(s) to be consolidated	and will continue to be it Consolidation Loan (Dis consolidated and without one of us may be require Endow! Disput Consolid	held jointly and o rect Consolidati ut regard to any red to pay the e	to of this Promissory Note, including a ompanying Borrower's Rights and Rive we agree to the same terms and consist me that we are legally married to each severally liable for the entire amount on Lean) without regard to the amou change that may occur in our marita intre amount due if the other is under re applying for will be cancelled only if yment of the loan only if we provide E	of the debt represented by ints of our individual general I status. We understand to be or refuses to pay. We understand to both of user uniforting cancer.	the Federal Lands bligations that alle gritishineans that independent their
exceeds my estimate by \$1,000 or more, ED will notify me before originating 1 understand that this is a Promissory Note. I will not sign this Promissory N	my loan. ote before reading it, including the text on	Direct Consolidation Lo	an Program de	retinent of torbeatance enginery to:	oosi di us.	U
the reverse side, even if I am advised not to read the Promissery Note. I am a	notified to an exact copy of this Promissory	I UNDERSTAND THA	t this is a fi	EDERAL LOAN THAT I MUST REP	79/96	-
24. Signature of Borrower A. M. G. C.	The state of the s	5				
25. Signature of Spouse (only if Section B is completed)				Date		
U.S. Department of Education Use Only Loan Identification Number #1	Loan Identification Number #2			Loan Identification Number #3		
SCALINGUING BOUGHT 1	Access to the Control of the Control					1



William D. Ford Federal Direct Loan Program Federal Direct Consolidation Loan

OMB No. 1840-0693 Form Approved Exp. Date 6/30/96

Application and Promissory Note Supplemental Loan Listing Sheet

Borrower Instructions: This form provides the borrower (and/or spouse) with space to list additional loans to be included in his or her Federal Direct Consolidation Loan (Direct Consolidation Loan) or considered in establishing the repayment terms of the Direct Consolidation Loan. Follow the instructions for Completing the Application and Promissory Note. Print neatly in blue or black ink or type. Return this form to the Direct Loan Servicing Center with your Application and Promissory Note.

Section A:	Borrower Information							
Borrower's Name	11 Melin Keyes	Social Security Nu	ımber	-8	7-336	P		
Section 5: Spouse's Name	Spouse Information (Do not complete Social Security Nu		ectic	n B on Application and F	Promissory Note is	compl	eted.)
Section D:	Education Loan Indebtedness (Continued)	See instruction	s for Appl	icati	on and Promissory Note	before completing	this se	ection.
17. Loan Type	18. Holder/Servicer's Name, Address, and Area Code/Telephone Number	19. В = Волюwer S = Socuse	20. In-Scho Period		21. Account Number	22. Current Balance	23. To 1	
	US Dept of Education	J = Joint	1	No	10051-3368		Yes	No.
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SLS Loan Application & From Escry Note age 10 of 14

WARMING: ANY PERSON WHO KNOWINGLY MAKES A FALSE REPRESENTATION ON THIS FORM IS SUBJECT TO PENALTIES WHICH MAY INCLUDE FINES OR IMPRISONMENT UNDER THE UNITED STATES CRIMINAL CODE AND U.S.C. 1097

WARNING: ANY PERSON WHO KNOWINGET MAKES A PALSE SECTION 1: Supplemental Loa	n applie	tion (to be complete	d by the Borrowe	r) r	pe or Print clearly in ink!
	nt abburg	2. LAST NAME, FIRST NAME, MIDDL	E INITIAL		3. BIRTHDATE (Mo/Day/Yr)
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100-58-33.68	Chala Zipl	5. PERMANENT HOME AREA CODE/	PHONE NUMBER	6. DRIVER'S LICENSE (Nu	mber, State)
4. PERMANENT HOME ADDRESS (Street/P.O. Box, City,	State, Zihi	(914) (623 - 87		DLIKASSA2 O	2632 281306 13 N. Y.
9cottage Place		7. LENDER PREFERENCE (check one	_ 0 0 1	Undec ded	8. MAJOR FIELD OF STUDY
Nanuet N.7. 1095	4	-11 B	City, S	State	(use code from instructions)
		Name /CJ 10. IF YOU QUALIFY, DO YOU wish I		11. DURING DEFERMENT.	do you expect to be enrolled:
9. PERIOD YOU WANT THIS LOAN TO COVER (MO/Yr) Oct. Mat			/	OF FULL-TIME	☐ HALF-TIME
7. 7.			YES (if yes, go to 11)	_	
12. DO YOU DWE ANY AMOUNT ON STAFFERD, SLS.	ALAS, PLUS, FISI	OR CONSOLIDATON LOANS NOT GUA ONS: DO NOT INCLIDE PERKINS OR HE	RANTEED BY THE TEXAS GUAR. al Loans)	ANTEED STUDENT LUAN COMPE	KA HOR
The YES (if yes, list below) NO	(See Instruc	1		LOAN PERIOD	AMOUNI LUAN
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13. REFERENCES You must provide information on three to determine your ability to repay the loan. List next of	dilferent adults, w	in different U.S. addresses and phone nu	STONENT know where to lo	icate you ishould the need arise. If Tileave blanks.	lese are not character reletances or reletances
	t xin (i.e., parents	guardians, spunse, or relatives) inst, the	r dona	Name Mark	Vavra
Name Delby Payer			hesapeate (m 10	08 Street or PO Box 55	weather bruce
Street or PU Box	1854		c, maryland 21		Lanix N.). 10954
City, State, Zip		Telephone No (301) 45	-1808	1 dephone No (4/7)	623-4881
Telephone No (977) 6137776 Retationship to Borrower Guardian		Relationship to Borrower Girl	rient	Relationship to Borrower	Best triend
Employer Social Ooker II	EXAG	Employer 3500	ent	E-Tiployer	or raying
	(to be it	and completed by	the Borrower)		
TO BAYE I the horouser ommiss to	nay you the lend	or any subsequent holder, the entire to	an ampunt I request, to the extent	it is advanced to me, including the	Guarantee Fee, and interest on the unpaid erstand that this is a Promissory Note: that !
principal palance plus any other charges which may become	e dec, subject to	I to see a see a see a see and at t	his packet awar if otherwise artvit	sad-that I am enlitled to keep an ex	act copy of this Application and Promissory Hule
should sign this Promissory Note only after reading all of It completed through Section II; and that I am entitled to receive	ve and keep an ex	or copy of the Disclosure Statement to be	issued on this loan. Terms of N	ofe continue on reverse of this page	
		15. SIGNATURE OF BORROWER	17		16. DATE SIGNED
14. LOAN AMOUNT I REQUEST		i certily that i have read, understand and agre	Legs	os Certification Statement and all the demi	and conditions of 10/28/9/
\$ 4000	900	this loan I also certify that I have received ar	exact copy of the Application and Pro-	1822(8.5 1418S	1, 900/77
SECTION III: School Certifica	ation (to	be completed by the	Financial Aid Off	ice)	
17. NAME OF SCHOOL	$ \sqrt{} $	101	19. AREA CODE/TELEPHON	E NUMBER	SCHOOL CODE
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20. ADDRESS (Street/P.O. Box, City, State, Eli Code)	2) 1	n3/ECuller	21. LOAN PERIOD (Mo/Day/	(Yr)	to 5-16-92
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29. IRREGULAR DISBURSEMENT AUTHORIZATION	30. SPECIFIE	DISBURSEMENT DATES (Mo/Day/Yr)	AND AMOUNTS	CCC Comple	beferment certification (check one and
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_	3.	\$	4.	\$ 0.71 PI.H	ALF TIME STUDY Until: Mo Yr
TO SOLUTION OF THE MICHAEL AND ADMINISTRATOR			33. PRINTED NAME THELE	2-NOV- 34.	DATE SIGNED 35. APPLICATION
32. SIGNATURE OF FINANCIAL AID ADMINISTRATOR	Λ		SKA1PL	2/19	TRANSMITTED TY
I have read, understand, and agree in the school certification	em on filed on the	everse side of this application.	Fratio 1	(1) 25 Y	YES Y
SECTION IV: Lender Applica	tion for (uarantee (to be com	pleted by the Le	nder)	
			37. LENDER CODE	,	XXBIGONINGROBWANI XUSTON 01
36. NAME OF LENDER			1 83142		
66 OTE OTHE HE COOF			40. AREA CODE/TELEPHO	NE NUI/BER 41.	APPROVED LOAN AMOUNT
39. CITY, STATE, ZIP CODE		!	and the second s		s 4000.
- A			43. PRINTED NAME/TITLE	() 44.	DATE SUBNED
42. SIGNATURY OF LENDING OFFICIAL	ا مرح				1114-191
x & amero)	Den		THE CODE COLORDS BY THE 25	EXAS GUARANTEED STUDENT LOAN CO	RPORATION AUSTIN TEXAS 428-02-029
Lender Copy	The state of the s		THIS FORM PREPARED BY THE TE	EVWO GENUULLEED STORENT FOWLOO	the division to define the second
F	1	B			

A. Repayment

I will repay the amount due on this Promissory Note in periodic installments except when permitted to postpone my payments through authorized deferments or forbearances.

B. Interest

I agree to pay simple interest on the principal I borrow from the date you advance the loan.

My interest rate will be a variable rate, adjusted annually, which cannot exceed 12%. The variable rate will be determined by the Secretary of the United States Department of Education in accordance with the Higher Education Act of 1965, as amended. The rate may change each July 1 and applies to the twelve month period beginning on that date. The variable rate in effect for the beginning of my loan will be disclosed on my Disclosure Statement.

You may capitalize (add to principally any interest due between districtions or during authorized periods of deferment or forbearance. If become delinquent on any interest due and hil to resolve the delinquency after w notification, I agree that you m ize (add to principal) the unpaid delin quent interest and any future interest & * : that accrues during the remainder of the period between disbursements or the deferment or forbearance. This may occur no more often than permitted by regulation or law.

C. Guarantee fee

I agree to pay a guarantee fee, if required, to you for the Texas Guaranteed Student Loan Corporation's insurance coverage (guarantee) on this loan.

This fee may not exceed amounts authorized by Federal law. It will be deducted proportionately from each disbursement of my loan and forwarded to TGSLC by you. The exact amount(s) that I will be charged for this fee will be stated on my Disclosure Statement. I am entitled to a refund of the guarantee fee paid if I return my loan check uncashed or pay back this note in full within 120 days of disbursement.

D. Collection costs

If I fail to make a payment on time, you may collect from me all charges and other fees, including attorney's fees, that are permitted by federal laws and regulations for the collection of my loan.

If my loan is referred to a collection agency that is subject to the Fair Debt Collection Practices Act, you may collect from me those collection costs which do not exceed 25 percent of the money I still owe on my loan.

E. Late charges

You may collect from me a late charge of up to six percent (6%) of each late installment or the maximum amount permitted by state law if I fail to make a payment within ten days of when it is due, or if I fail to provide the forms required to prove that I am eligible for deferment within that period of time.

Default

I default on this loan if I fail to make a loan payment within 180 days of when it is due, or if I receive and keep my loan money but fail to enroll in the school named on my application as at least a half-time student during the loan period.

If I default, you may require that I immediately repay the entire amount I

still owe on the loan, including in and the still owe on the loan, including in and the still owe on the loan, including in and the still owe on the loan, including in and the still be the still be the still be the still be stil default will not be reported if I then repay my loss within that poriod.

Borne de Cartelication

I decime dade penalty of perjury under the laws of the United States of America that the oligation is true and correct.

Thipect to be enrolled at least half time for the period of this loan.

I am not now in default on any federal education loan and do not owe a reland on any federal education grant or scholarship.

■ The information contained in Sections I and II of this Application is true, complete and correct to the best of my knowledge and belief and is made in good faith.

■ The proceeds of any loan made as a result of this Application will be used for educational expenses for the loan period and school named on this Application. I understand that if they are not, I must immediately repay this loan.

I authorize the school that certified my application or any school that I may attend to provide to the lender that made my loan or any subsequent holder, including the Texas Guaranteed Student Loan Corporation and the U.S. Department of Education or their agents, any refund which may be due to per up to the amount of this loan and any requested information pertinent to this losin (e.g., employment, enrollment status, or current address).

understand that credit reports on borrowers are not required; however, I authorize my lender to obtain a credit report on me if he/she chooses.

My default will be reported to any school I have attended, am attending, and will attend.

I will no longer be eligible for: Pell Grants, Byrd Scholarships, Supplemen tal Educational Opportunity Grants, State Student Incentive Grants, College Work-Study, Perkins Loans (formerly NDSL), Stafford, SLS, PLUS, Consolidation, Income Contingent Loans, or deferments. My federal and/or state income tax refunds may be withheld. My wages may be garnished. The renewal of any professional or occupational license I hold may be denied. Any current holde of my loan, or TGSLC may sue me to collect this loan and the costs associated with its collection.

o provision of this note can be waited or modified except in writing. I any provision of this note is determined to menforceable or is prohibited by law at provision shall be considered the fective without invalidating the other ions of the note. Your failure to enforce any terms of this note is not a waiver of your rights.

School Certification

I hereby certify that the student named in Section I of this application is no cepted for enrollment or is corolled as at least a half time student, and is making satisfactory progress in a program deter mined to be eligible for this loan program. I further certify that the student is eligible for this loan program based on all applicable provisions of federal law and regulations. I further certify that the disbursement schedule, applicable to the loan applied for and provided by this institution complies with the requirements of the Higher Education Act of 1965, as amended. I further certify that, hased upon records available at this institution and due inquiry of the student, the student has satisfied the requirements under the Selective Bervice Act necessary to receive financial and, in not in default on any loan made under Title IV student assistance programs identified in 34 CFR Part 668, and is not liable for any refund of any grant made under any student assistance program identified in 34 CFR Part 668. I further certify that this institution will comply with all applicable provisions of federal law and the rules, regulations, policies, and procedures of the Texas Guaranteed Student Loan Corporation in the administration of this loan. The information provided in Sections I, II, and III and this School Certification is true, complete, and correct to the best of my knowledge and belief.

428-02-0291

U. S. DEPARTMENT OF EDUCATION SAN FRANCISCO, CALIFORNIA

CERTIFICATE OF INDEBTEDNESS #2 OF 2

Lloyd M. Keyes Aka: Lloyd Melvin Keyes 47 Kennedy Drive West Haverstraw, NY 10993 Account No. XXXXX3368

I certify that U.S. Department of Education records show that the borrower named above is indebted to the United States in the amount stated below plus additional interest from 01/31/08.

On or about 05/29/96, the borrower executed a promissory note to secure a Direct Consolidation loan from the U.S. Department of Education. This loan was disbursed for \$21,184.68 on 09/04/96 and 09/25/96 at a variable rate of interest to be established annually. The loan was made by the Department under the William D. Ford Federal Direct Loan Program under Title IV, Part D of the Higher Education Act of 1965, as amended, 20 U.S.C. 1087a et seq. (34 C.F.R. Part 685). The Department demanded payment according to the terms of the note, and the borrower defaulted on the obligation on 09/30/97. Pursuant to 34 C.F.R. § 685.202(b), a total of \$592.02 in unpaid interest was capitalized and added to the principal balance.

The Department has credited a total of \$285.24 in payments from all sources, including Treasury Department offsets, if any, to the balance. After application of these payments, the borrower now owes the United States the following:

Principal:

\$11,122.43

Interest:

\$7,805.81

Total debt as of 01/31/08:

\$18,928.24

Interest accrues on the principal shown here at the current rate of 8.02 percent and a daily rate of \$2.44 through June 30, 2008, and thereafter at such rate as the Department establishes pursuant to Section 455(b) of the Higher Education Act of 1965, as amended, 20 U.S.C. 1087e.

Pursuant to 28 U.S.C. § 1746(2), I certify under penalty of perjury that the foregoing is true and correct.

Executed on: 3/1968

Loun Analysi

Litigation Support

U. S. DEPARTMENT OF EDUCATION SAN FRANCISCO, CALIFORNIA

CERTIFICATE OF INDEBTEDNESS #1 OF 2

Lloyd M. Keyes Aka: Lloyd Melvin Keyes 47 Kennedy Drive West Haverstraw, NY 10993 Account No. XXXXX3368

I certify that U.S. Department of Education records show that the borrower named above is indebted to the United States in the amount stated below plus additional interest from 01/31/08.

On or about 10/28/91, the borrower executed promissory note(s) to secure loan(s) of \$4,000.00 from Texas Commerce Bank (Houston, TX). This loan was disbursed for \$4,000.00 on 01/06/92, at a variable rate of interest to be established annually by the Department of Education. The loan obligation was guaranteed by Texas Guaranteed Student Loan Commission and then reinsured by the Department of Education under loan guaranty programs authorized under Title IV-B of the Higher Education Act of 1965, as amended, 20 U.S.C. 1071 et seq. (34 C.F.R. Part 682). The holder demanded payment according to the terms of the note, and credited \$0.00 to the outstanding principal owed on the loan. The borrower defaulted on the obligation on 01/12/93, and the holder filed a claim on the loan guarantee.

Due to this default, the guaranty agency paid a claim in the amount of \$4,671.34 to the holder. The guarantor was then reimbursed for that claim payment by the Department under its reinsurance agreement. Pursuant to 34 C.F.R. § 682.410(b)(4), once the guarantor pays on a default claim, the entire amount paid becomes due to the guarantor as principal. The guarantor attempted to collect this debt from the borrower. The guarantor was unable to collect the full amount due, and on 06/16/95, assigned its right and title to the loan to the Department.

Since assignment of the loan, the Department has credited a total of \$145.22 in payments from all sources, including Treasury Department offsets, if any, to the balance. After application of these payments, the borrower now owes the United States the following:

\$4,671.34

\$4,609.16

Principal: Interest:

Total debt as of 01/31/08: \$9,280,50

Interest accrues on the principal shown here at the current rate of 8.20 percent and a daily rate of \$1.05 through June 30, 2008, and thereafter at such rate as the Department establishes pursuant to section 427A of the Higher Education Act of 1965, as amended, 20 U.S.C. 1077a.

Pursuant to 28 U.S.C. § 1746(2), I certify under penalty of perjury that the foregoing is true and correct.

Executed on: 34968

Loan Analyst

Litigation Support

UNITED STATED DISTRICT COURT SOUTHERN DISTRICT OF THE YORK

ROBERT BERNACCHIA, as Guardian of ANNA AMANDA BERNACCHIA,

Plaintiff,

Civil Action Number:

-against-

VERIFIED COMPLAINT

5535

AETNA,	
*	Defendant.

Plaintiff, ROBERT BERNACCHIA, as Guardian of ANNA AMANDA BERNACCHIA, by his attorney, DAVID L. TRUEMAN, ESQ., as and for his Complaint, herein alleges the following upon information and belief:

INTRODUCTION

1. Plaintiff, Robert Bernacchia, was appointed guardian of Anna Amanda Bernacchia, after she suffered a heart attack and subsequent brain damage, which left her in an irreversible vegetative state. As a result, Mrs. Bernacchia has been a resident of Wingate at Beacon, a nursing facility, in which she receives nursing and custodial care. Pursuant to her health insurance coverage provided through her husband's employer, from the time of her injury until March 12, 2007, Aetna had been paying for all medical and treatment services. In a letter dated February 15, 2007 Aetna denied further payment as of March 12, 2007. The denial was appealed and upheld by Aetna in its First Level Appeal determination. The First Level Appeal determination was appealed in a Second Level Appeal, filed with Aetna on November 15, 2007, and supplemented on November 20, 2007. Aetna failed to respond to the Second Level Appeal in a timely manner and, subsequent to inquiries by

Mrs. Bernacchia's attorney, responded in a letter dated March 25, 2008 acknowledging it had failed to make a timely Second Level Appeal determination and reversing its March 12, 2007 denial of care. Both Aetna's assertion that the denial was overturned as well as New York Insurance Law § 4904 governing insurers' failures to respond to appeals in a timely manner, mandates that Aetna is obligated to pay for all of Mrs Bernacchia's medical and treatment services from March 12, 2007 until the present and to authorize all further medical and treatment services for Mrs. Bernacchia. Aetna has refused to provide such payment and authorization and Mr. Bernacchia, on behalf of his wife, brings this action for injunctive and declaratory relief.

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PARTIES

- At all relevant times herein, Plaintiff, Robert Bernacchia, has been a citizen of the United States and a resident of New York, residing at 162 Spring Valley Road, Beacon, New York.
- Mrs. Bernacchia, suffered a heart attack and consequent brain damage leaving her in a permanent vegetative state.
- Mrs. Bernacchia currently resides at Wingate at Beacon, a nursing facility, located at 10
 Hastings Drive, Beacon, New York. Bernacchia was first admitted on August 9, 2002.
- Mr. Bernacchia obtained guardianship over Mrs. Bernacchia on January 24, 2003. (The
 Order appointing Mr. Bernacchia as Guardian is attached as Exhibit "A.")
- 6. At all times relevant hereto, Mr. Bernacchia was a participant in a health benefits insurance plan ("Plan") administered by Mr. Bernacchia's employer, Liberty Lines, as defined by § 28 U.S.C. § 1002(7).